



**APPLICATION FOR APPEAL  
TO THE  
BOARD OF HOUSING QUALITY APPEALS**

**P.O. Box 100  
Bloomington, IN 47402  
(812) 349-3420**

Petitioner's Name: \_\_\_\_\_

Petitioner's Address & Phone Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address & Phone Number: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Occupant(s) Name(s): \_\_\_\_\_

The following conditions must be found in each case in order for the Board to consider the request.

1. That the value of the area about the property to which the exception is to apply will not be adversely affected.
2. That the exception is consistent with the intent and purpose of the housing code and promotes public health, safety and general welfare.

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**Identify the variance type you are requesting from the following list and attach the required information.**

**A. An extension of time to complete repairs. [Petition type: TV]**

Specify items that need the extension of time to complete, explain why the extension is needed and specify the time requested.

**B. A modification or exception to the Housing Property Maintenance Code. [Petition type: V]**

Specify the Code reference number you are appealing. Detail why you are requesting the variance.  
Specify the modifications and or alternatives you are suggesting.

**C. Relief from an administrative decision. [Petition type: AA]**

Specify the decision being appealed and the relief you are seeking.

**D. Rescind a variance. [Petition type: RV]**

Detail the existing variance. Specify the reason the variance is no longer required.

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**I certify that all information submitted with this request is correct and I have enclosed the \$20.00 filing fee.**

Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_

Petition Number: \_\_\_\_\_

*Please use the reverse side for further explanation and/or request.*

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